

REPORTS INVENTORY					CONTROL NO.	
PREPARE IN DUPLICATE					OMS-5	
1. TITLE OF REPORT (If a fill-in report include Form No.)					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
Monthly Field Medical Report						
3. FUNCTIONAL AREA	PERSONNEL		TRAINING		ADMIN. GENERAL	
	LOGISTICS		SECURITY		OTHER (specify)	
	<input checked="" type="checkbox"/> MEDICAL	FINANCE				
4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
5	Monthly				1. OMS 2. Operating Divisi	
7. FORMAT (memorandum, form computer print-out, etc)	8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memorandum	<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.		Specific Letters of Instructio		
10. PREPARING COMPONENT (Include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Field Medical Office			Reports are received monthly from eleven (11) Field Medical Offices			
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X TIMES PREPARED = COST PER YEAR
GS-11	6.50		3		19.50	12 234
GS-06	4.00		1		4.00	12 36
						270 x 11 = \$2,970
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR						

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Field medical reports are essential in order to keep Hqs/OMS advised of the nature and extent of their activities and to provide key information for Hqs direction of field medical activities.

*Office of Medical Service*

*Report No. 7 100.*

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<i>Report No.</i>	<i>Report Title</i>	<i>Category</i>	<i>Frequency</i>	<i>\$</i>	<i>Action Taken</i>	<i>Change Reduction</i>
<i>0115 5</i>	<i>Monthly Field Medical Report</i>	<i>1</i>	<i>Monthly</i>	<i>2,970.00</i>	<i>Change to quarterly 247.50 per mo. \$ 84 990.00</i>	<i>\$ 1,980.00</i>